

## **Carmel Small Business Network (CSBN)**

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Company** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Ideas for future meetings:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return completed form to:**

**Nancy Heck**  
**Director of Community Relations**  
**City of Carmel**  
**One Civic Square**  
**Carmel, IN 46032**

**You may contact her at:**  
**571-2494 or nheck@ci.carmel.in.us**